## ST. MARYS AQUATIC CENTER SEASON PASS APPLICATION (912) 673-8118 funatsmac@tds.net

Residency Verification: Drivers License Utility Bill Residents of the City of St. Marys will receive a discount.					
Name of Applicant					_
AddressStreet		<u> </u>			_
		City	State	Zip	
Home Phone		Work Phone			_
Email address:		-			
List all family memb	ers receiving passes:	:			
Name	Age	Fee	Pass#		
			<u> </u>	·	
I understand that the p than the individual on and agree to abide by t \$10.00. The City of St. for the 2012 season on	the pass. I further un the rules of the Aquati . Marys is not responsi	derstand that the partice Center. Replacemental for lost or stolen	nsses can be re nent cost for lo passes. Seas	evoked for goo ost or stolen p son passes are	od cause basses is
					-
			ent: Cash	Check	
Date Received:		Staff Initials: _		n/MC	